

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/506327

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		4					55						
6		4					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		3					61						
12	1						62						
13		1					63						
14		1					64						
15	1						65						
16		1					66						
17		1					67						
18		3					68						
19		0					69						
20		0					70						
21	1						71						
22	1						72						
23	1						73						
24		2					74						
25		2					75						
26		2					76						
27		2					77						
28		2					78						
29		0					79						
30		0					80						
31		0					81						
32		0					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38		0					88						
39		0					89						
40		0					90						
41		0					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	50	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	56						TOTAL CLAIMS						